



Medical Reengineering Initiative (MRI)

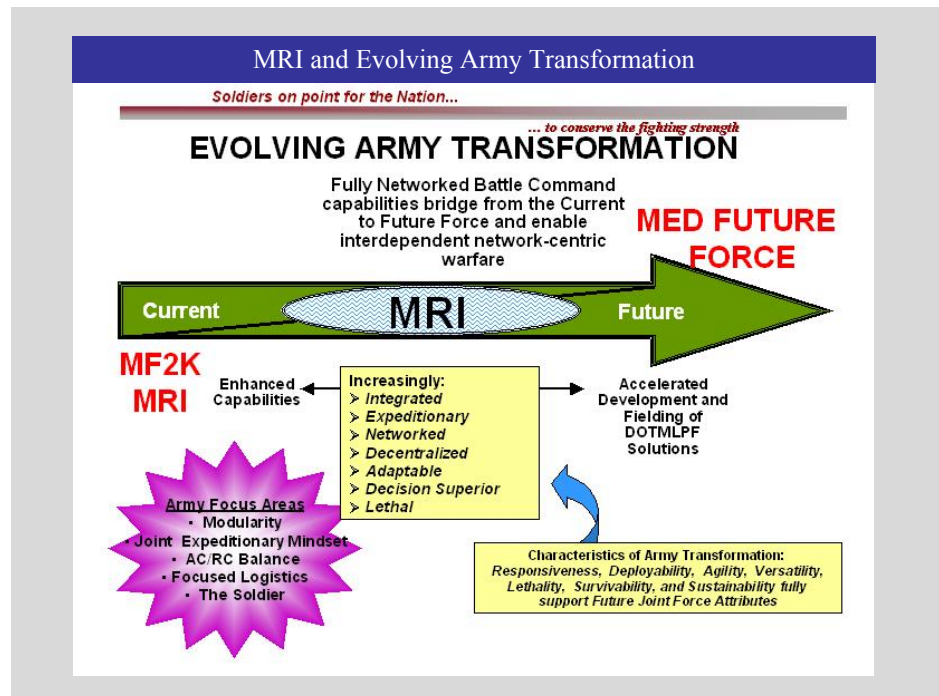
Newsletter, Volume I, Issue 3 - July 2004



Director's Corner

By Colonel Angel L. Lugo, MRI
Program Director

Our third quarterly publication of the MRI Newsletter is loaded with new articles and continues to provide you with many useful recurring updates/references. As our nation and our Army continue to fight the Global War On Terrorism, the AMEDD continues to implement MRI and, hence, continues its transformation. It is clear that MRI is the spearhead of AMEDD Transformation and the bridge to future medical forces along the same single axis of the evolving Army Transformation (see chart). The MRI linkage to Modularity and other Army Focus areas is inextricable. This newsletter contains an expanded article on the impact of force structure changes in the Army Reserve, spotlights the roles and responsibilities of the Medical Organization Integrators, and updates the MRI Program status with some comments on resourcing. Our staff continues to stay abreast of Army Campaign Plan (ACP) initiatives, provides input to Task Force Medical emerging concepts, and continually assesses the impact of changes stemming from Army Focus Areas. For example, one of the Army's major objectives is to develop an Army medical structure that is capabilities-based, flexible, modular, scalable, and net-centric to support expeditionary forces in a joint framework. This force will be capable of rapidly transitioning from expeditionary to campaign environments, providing an integrated health care system that is not only efficient but also effective. The MRI force structure and evolving AMEDD conceptual organizational structures founded on the MRI design already provide the Army the way ahead for meeting this major objective. The MRI staff, as your advocate, is mindful and appreciative of your dedication and diligence in implementing MRI actions. We stand ready to assist you at all times.



MRI Program Implementation Office Mission

The chartered mission of the MRI Program Implementation Office is to provide Department of the Army staff oversight to the force integration efforts and program management functions of converting the Army's Echelons Above Division and Echelons Above Corps combat health support units from the Medical Force 2000 (MF2K) structure to the MRI Force Design Update, and to manage this conversion process in a manner that minimizes turbulence in the force, while maintaining unit readiness.

MRI Reserve Component Notes

By COL Allen Schmidt, MRI Coordinator

MRI is not the only influence changing AMEDD structure. The Army Structure Message (ARSTRUC) is now published and lists the AMEDD structure for Fiscal Years 2006-2011 (FY06-11). The Army Reserve stands to lose six TOE hospitals. The Active Component will lose one hospital. USARC has followed with its structure

message but has not officially listed the units that will inactivate. However, USARC Force Programs has identified and briefed the recommended unit cuts to the Regional Readiness Commands. What does this new structure mean to the Army Reserve? The eventual inactivation of hospitals will result in many personnel requirements being lost and will impact assigned soldiers. These requirement reductions will occur in FY05 and FY06. MG Kenneth Herbst, Provisional Commander of AR-MEDCOM, has stated in his guidance that a way must be found for every soldier to continue service in the AMEDD. His staff is working with USARC to help provide that option at the current unit location even if the flag goes away. There are other options leaders should become aware of in order to provide every opportunity to retain soldiers. The bottom line is readiness and care of soldiers - they go hand in hand. Leaders whom are aware of structure changes and readiness requirements can better guide soldiers in making decisions supporting both Army needs and family desires.

Listed below are some of the options available for soldiers who may become displaced by MRI or TAA-11 requirements changes.

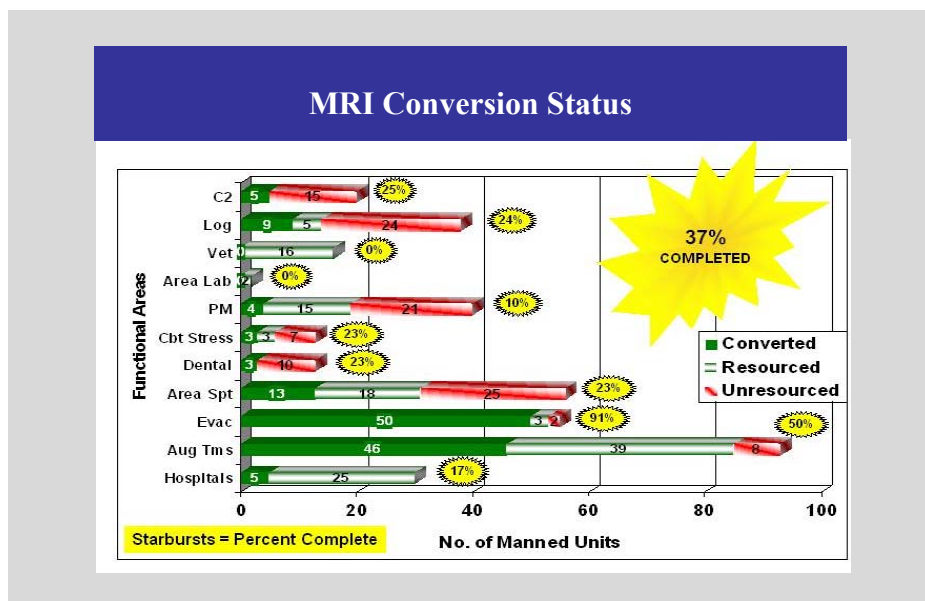
- A soldier can seek reassignment into another unit inside or outside the 50-mile radius.
- An officer can seek assignment to the National AMEDD Augmentation Detachment (NAAD). The NAAD will assign a soldier to a unit somewhere in the Army Reserve, allow them to drill locally and perform AT with the unit of assignment.
- A soldier can seek assignment with the Individual Mobilization Augmentee program (IMA) or the Individual Augmentee program (IA).

• A soldier can reclassify into a shortage MOS for reassignment to another unit. Many shortage MOS's exist because of MRI requirements, particularly in the information management and communication functional areas (25B, 25F, 25U). Current AMEDD shortages are (91A, 91D, 91H, 91J, 91K, 91S). Reclassification not only provides the Army with needed skills, but also offers unique opportunities for soldiers. The AMEDD Officer Corps is short more than one hundred 70Ds, all categories of surgeons, and surgical nurses, among other AOCs.

Understanding options and readiness needs across the force leads to better decisions. Time is short since all hospitals will be converted to MRI by FY06 and TAA-11 cuts may come as early as FY2006.

MRI Program Status

As of June 2004, 37% (138 of 376 units) of the MRI TAA11 Force Structure converted to MRI. The percentage is the same as last quarter since no MRI conversions occurred Apr – Jun. The chart below depicts the total number of units in each of the 10 medical functional areas that have activated/converted to MRI.



MRI Resourcing

By the end of FY04 the MRI conversion program will be approximately 42% complete. We have been successful to date in competing for and receiving the fiscal resources to procure the Class VIII (medical materiel) MRI growth requirements and meet Major Army Command (MACOM) approved Command Plan medical force structure conversion dates. Additionally, the MACOMs themselves have cross-leveled MRI growth Class II and Class VII assets to their converting units. Also, because of our approved buy-early strategy, we should meet FY05 targets to continue the planned conversions of our Hospitals and Minimal Care Detachments (MCD). However, continuing Operations Enduring Freedom (OEF) and Iraqi Freedom (OIF) mission costs and simultaneous Army transformation changes, the FY06-11 Program Objective Memorandum (POM) have placed the fiscal requirements for MRI at great risk. An additional \$19 million is still required for Class VIII to complete the conversion of the remaining medical force structure by FY11. At this time, we do not yet know how many additional medical force units scheduled for conversion from FY06-11 will be resourced. We do anticipate further reduction to the total medical force structure during the next round of force structure decisions under the TAA11.1 process. Presently, the MRI Program is “at risk of delay” until fully funded.

“MRI will provide the Army with the modular organizational structure that supports the Current Force and will provide a bridge to the Future Force.”

The Surgeon General's Testimony to Senate Appropriations Committee (Defense), Second Session 108th Congress, 28 April 2004



In The Spotlight

Medical Organization Integrators

Organization Integrators (OI) - head of an organization integration team which manages the resourcing, documentation, fielding, and sustainment of functionally similar organizations as integrated packages assuring doctrinally aligned capabilities within resource constraints. The Medical OIs play a major role in the MRI program. The Medical OIs and staffs (as applicable) are located at Army G3, FORSCOM, USARC, ARNG and other MACOMs. This newsletter will feature the major duties and responsibilities of the Army G3 Medical OIs. Subsequent articles will feature our MACOM Med OIs.

DA G3 Med OI Major Duties:

- Analyzes Army leadership decisions affecting Table of Organization and Equipment (TOE) force structure, coordinates implementing actions, recommends further action and monitors the execution of actions. Consolidates and coordinates analysis and approval of TOE Cyclic Updates.
- Reviews all changes to the force structure to make executability assessments.
- Assesses the Army's ability to provide required personnel, materiel and facilities for units; evaluating and analyzing the impact on unit readiness of changes in personnel, training, equipment, facilities, doctrine or structure.
- Recommends the allocation, fielding and distribution of personnel, materiel, facilities and other assets to units as integrated packages.
- Analyzes input from agencies to develop recommended Army G3 priorities for phasing in or replacing a specific AOC/MOS, equipment and facilities that affect TOE units.
- Reviews distribution/redistribution plans, ensures their coordination and determines their impact on affected units.
- Reviews applicable Operational Requirements Documents (ORDs) to assess impact of the new capability on unit structure, doctrine or resources.
- Coordinates approval of TOE and Concept Plans.
- Provides guidance to Document Integrators on Modified Table of Organization and Equipment (MTOE) and review/release of draft MTOEs.
- Consolidates and coordinates analysis and approval of Manpower Requirements Criteria (MARC) for application against appropriated TOEs.
- Consolidates and coordinates analysis and approval of Basis of Issue Plans (BOIPs) in coordination with the System Integrators (SIs).
- Records results of Total Army Analysis (TAA) in the Structure and Manpower Allocation System (SAMAS).

- Maintains force structure accountability for Current, Budget and Program Objective Memorandum (POM) years for assigned TOE units.

- Acts as the Army Staff (ARSTRAF) lead for appropriate Functional Area Assessment (FAA), Force Validation Committee (FVC) and Force Feasibility Review (FFR).

- Maintains currency on approved and evolving doctrine. Coordinates frequently with Training and Doctrine Command (TRADOC) and the Army Medical Department Center and School (AMEDDC&S).

- Serves as the HQDA point of contact for all functional/branch related issues/actions.

Updates & Activities

Clinical Operational Equipment Sets (COES) Status

The COES Initiative in the Army Reserve is in high gear this quarter. The current status of this initiative is listed below:

Building of COES Sets

Unit	Status	Date
396 th CSH	Completed – stored at SIAD	
452 nd CSH	Completed – stored at SIAD	
399 th CSH	Completed – stored at SIAD	
48 th CSH	Completed – stored at SIAD	
328 th CSH	Build Set at SIAD	Jul 04

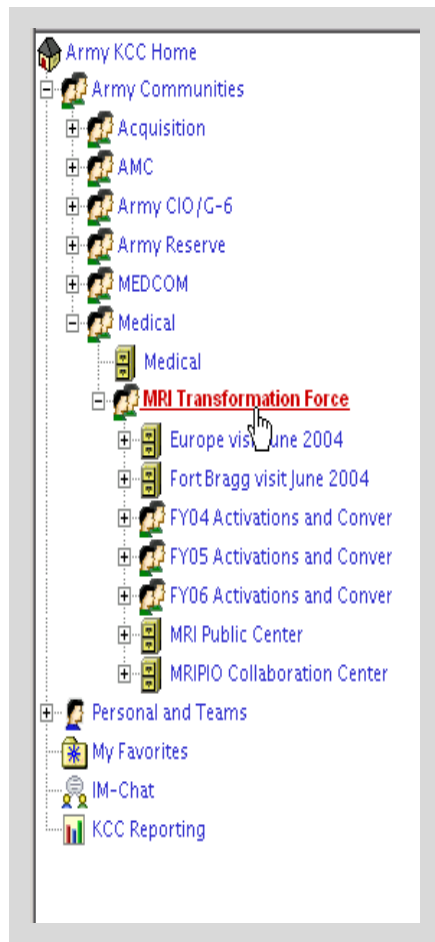
Warehouse Status

Unit	Status	Date
228 th CSH	New Warehouse	Comp.
48 th CSH	New Warehouse	Jul 04
396 th CSH	Leased Warehouse	Aug 04
452 nd CSH	New Warehouse	Sep 04
352 nd CSH	New Warehouse	Aug 04
399 th CSH	New Warehouse	Sep 04
405 th CSH	New Warehouse	Sep 04
328 th CSH	Renovated Warehouse	Sep 04

In addition, the USARC Engineers have coordinated with the Louisville, KY, Corps of Engineers to design a COES Warehouse for units in the future. The 50% design was completed in March 2004; the Final Design is scheduled for approval in September 2004.

MRI Knowledge Collaboration Center (KCC) Update

The MRI KCC site has expanded with new FY 06 activations and conversions. In addition, we now use the KCC to collaborate on upcoming visits, such as the KCCs named for Europe and Fort Bragg visits (see KCC graphic below). These sites are not accessible to everyone and only the **MRI Public Center** is open for all personnel affiliated with the U.S. Army in some capacity. The **MRIPIO Collaboration Center** is restricted to our MRI personnel and selected staff who collaborate on briefings, papers, and other actions before final approval. Once these documents are approved, they are moved to the Public center (current # of personnel is 209). The MRI Newsletter is the number one download in the MRI KCC (87 downloads in the last 30 days). Our last newsletter provided detailed instructions for accessing the MRI KCC site. Any questions or comments on our MRI KCC please contact george.Shultz@us.army.mil.



The MACOM/MRI Unit Assistance Team

The MACOM led MRI Unit Assistance Team continues to visit units two and one years prior to their MRI activation/conversion effective dates (EDATES). The team just completed successful unit visits to Ft. Bragg and Ft. Campbell. These visits have been instrumental in addressing issues and concerns pertaining to the nine pillar of force integration – structuring, equipping, training, manning, sustaining, deploying, stationing, funding and readiness. The Program Director thanks the Medical Organization Integrator for their support in making these visits a success.

Activities 4th Quarter (4QTR) FY04)

Several activities were scheduled for 4QTRFY04 regarding MACOM/MRI visits, NOT training, and USAMMA fielding as indicated below:

MACOM/MRI Visits

Date (2004)	Unit	Location	Remarks
13-14 Jul	399th CSH AT	Ft Gordon, GA	Coordinating
Aug	1st Med Bde	Ft Hood, TX	Coordinating
3-7 Aug	MEDLOG Conf	Nashville, TN	Confirmed
7-8 Aug	452nd CSH,	Lacrosse, WI	Confirmed
	44 Bed EEHE Test	Lacrosse, WI	Confirmed
10-12 Aug	1171 ASMC	Detroit, MI	Confirmed
Aug	14th Fld Hosp	Ft Benning, GA	Coordinating
1-2 Sep	62nd Med Bde	Ft Lewis, WA	Coordinating
8-10 Sep	115th Field Hosp	Ft Polk, LA	Coordinating
10-13 Sep	89th RRC Sympos.	Overland Pk, KS	Confirmed
20-22 Sep	446th ASMC	Latham, NY	Confirmed

New Organization Training

Date (2004)	Unit	Location	Remarks
9-12 Jul	1065th ASMC	Salinas, PR	Pending
16-18 Jul	787th PM Det	New Orleans, LA	Pending
28-30 Jul	738th ASMC	CP Atterbury, IN	Pending
19-21 Aug	227th PM Det	Ft Lewis, WA	Coordinating
10-11 Sep	901st MCD	Fairmont, WV	Coordinating
12-13 Sep	363rd MCD	Beaver, WV	Coordinating
18-19 Sep	792nd PM Det	Lubbock, TX	Coordinating
20-24 Sep	1st AML	Aberdeen, MD	Coordinating
20-24 Sep	9th AML	Aberdeen, MD	Coordinating

POCs at AMEDDC&S, Department of Training Support:

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USAMMA Fielding

Date (2004)	Unit	Location	Remarks
6-9 Jul	431st MCD	Ft Campbell, KY	Confirmed
8-11 Jul	355th MCD	Kenova, WV	Confirmed
9-20 Jul	328th CSH	At SIAD	Confirmed
11-23 Jul	801st CSH	At SIAD	Confirmed
12-14 Jul	363rd MCD	Beaver, WV	Confirmed
12-14 Jul	901st MCD	Fairmont, WV	Confirmed
15 Jul	444th MCD	Ft Snelling, MN	Pending
19 Jul–20 Aug	86th CSH	Ft Campbell, KY	Confirmed
21-24 Jul	492nd MCD	Salt Lake City, UT	Confirmed
24-27 Jul	425th MCD	Indianapolis, IN	Confirmed
4-9 Aug	814th ASMD	Bismark, ND	Pending
4-8 Aug	144th ASMC	West Jordan, UT	Confirmed
8-24 Aug	371st MCD	Parma, OH	Confirmed
8-24 Aug	369th MCD	Blacklick, OH	Confirmed
8-24 Aug	256th CSH	At SIAD	Confirmed
9-15 Aug	1065th ASMC	Salinas, PR	Confirmed
9-25 Aug	305th MCD	Joplin, MO	Confirmed
9-20 Aug	301st CSH	At SIAD	Confirmed
16 Aug	988th PM Det	Austin, TX	Pending
16 Aug	787th PM Det	New Orleans, LA	Pending
16 Aug	792nd PM Det	Lubbock, TX	Pending
16 Aug	441st GA Co	Mesquite, TX	Pending
22 Aug–7 Sep	352nd CSH	At SIAD	Confirmed
22 Aug–7 Sep	114th MCD	Sacramento, CA	Confirmed
23-27 Aug	738th ASMC	Monticello, IN	Confirmed
23-27 Aug	1st AML	APG, MD	Confirmed
30 Aug–2 Sep	9th AML	APG, MD	Confirmed
16 Sep	528th CSCDet	Ft Bragg, NC	Pending
16-18 Sep	207th Hd&Nk	Ft Bragg, NC	Pending
16 Sep	926th PM Det	Ft Benning, GA	Pending
16 Sep	172nd PM Det	Hunter Airfield, GA	Pending
16 Sep	61st PM Det	Ft Campbell, KY	Pending
16-20 Sep	43rd Vet Det	Ft Hood, TX	Pending
16 Sep	227th PM Det	Ft Lewis, WA	Pending

POC at USAMMA, Fielding Support Div:

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Note: This schedule is tentative and subject to change.

Future Newsletter Topics

- MACOM Med OIs
- New Organization Training (NOT)
- AR 5-10 Packets (stationing)
- MRI and Task Force Medical initiatives

Give Us Your Feedback...

We hope that this third publication of the MRI Newsletter provided useful information to you about the MRI Program and associated activities. Please forward your feed back on this issue and topics you desire to see in future MRI Newsletters to: kenneth_e_spencer@belvoir.army.mil.

Also, refer to the MRI Points of Contact and our Website URL for additional information.

MRI Points of Contact

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MRI Website

The URL for the website is:
<http://mrimedforce.belvoir.army.mil>

MRI is “a good example of modularity. MRI promotes scalability through easily tailored, capabilities-based packages that result in improved tactical mobility, reduced footprint, and increased modularity for flexible task organization. This design enables the Joint Forces Commander (JFC) to choose among augmentation packages, thus enabling rapid synchronization of desired medical capabilities.”

The Army Plan, Army Strategic Planning Guidance, 2006-2023